

EXHIBIT 8



Private Label Authorization for Distributions

Date: 1/18/06 To: Bernard Madoff, Program Coordinator Semone Anderson
Cc: _____

Re: Brokerage Account No: 150404 FTC Acct No: Redacted 0001
Client Name: Renee Robinow Soskin

Type of Distribution :

☐ Total If this box is checked, please provide exact amount of distribution once it has been processed. Also provide other distributions or contributions posted within the tax reporting year this is processed.

☐ Partial

☐ Periodic Payments – Frequency

☒ Minimum Distribution

☐ Roth Conversion Partial ☐ Roth Conversion Total

New Roth Account No:

☐ Distribution In-Kind

Shares Ass et

Gross Amount of Request \$ 105,000.00

Withholding rate % Withholding Amount \$ Net Distribution \$ 105,000.00

Tax Code: 7

☐ Approved – Proceed with distribution as requested by client. After payout of the distribution, please forward all federal tax withholding to First Trust Corporation.

☒ Approved with the following modifications: \$15.00 Fee

☐ Rejected

Fiserv ISS by: Michelle Martinez

Fiserv Investment Support Services June 15, 2005

DT
Trans to
IEM 213-30
Done
2/9/06

AMF00218741

MWPTAP00828135

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Private Label	Semone Anderson
COMPANY:	DATE:
Fiserv Inv. Support.	1/12/2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
Redacted	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
Redacted	Redacted
RE:	YOUR REFERENCE NUMBER:
RMD Request	Redacted

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Ms. Soskin

✱

Redacted

Redacted

885 THIRD AVENUE NEW YORK, N.Y. 10022

AMF00218742

MWPTAP00828136

Private Label Traditional IRA Required Minimum Distribution Request

This form is for Traditional IRA Required Minimum Distributions only. Do not use this form for other distributions, Roth IRA distributions, a Trustee-to-Trustee Transfer, or for a Death Distribution to a Beneficiary.

I. Account Information (please type or print):

Brokerage Firm Name Bernard L. Madoff

Brokerage Account Number 1-S0404-30/40

First Trust Account Number Redacted0001

Account Owner Name Renee Robinow Soskin

Residence Address
(not a P.O. Box) Redacted

City/State/Zip Redacted

☐ Check here if this is a change of address.

Daytime Telephone (Redacted) Redacted

Date of Birth Redacted

Social Security Number Redacted5729

First Trust Corporation, as Trustee of my Traditional IRA, is requested to make payment(s) to me, the above-named Participant, as follows. I understand that fees may apply as explained in Section VIII.

(One choice from each applicable Section must be checked. If you have questions about this form, please contact your Designated Agent.)

II. Information Concerning Required Minimum Distributions

Deadline: IRS rules require that you begin receiving distributions from your IRA by your Required Beginning Date or RBD (April 1 following the calendar year in which you become age 70½), and then again by December 31 of that same year and every year thereafter. If you would like First Trust to make your minimum distribution, we must receive these instructions at least 30 days prior to the required distribution date. Substantial IRS penalty taxes may be assessed if the appropriate IRS deadline is not met.

Amount: The minimum amount required to be distributed is, generally, based on the previous year-end IRA value divided by the applicable distribution period or fixed number of years.

Beneficiary Designation: Included with this form is an IRA Beneficiary Designation. The IRA Beneficiary Designation must be completed before First Trust can help you calculate your Required Minimum Distribution (RMD) amount.

To complete this section: Please complete all applicable information below to specify how you wish to handle the required distributions from your account. If we do not hear from you by your required distribution date, we will assume that you have met your required minimum by taking distribution from another IRA.

You must choose one of the following in addition to completing the IRA Beneficiary Designation. If you have questions regarding which choice is appropriate for your particular situation, please contact your Designated Agent.

Spouse Beneficiary

- ☐ I have designated my spouse who is more than 10 years younger than I am.
- ☐ I have designated my spouse who is less than 10 years younger than I am.
- ☐ I have designated a qualifying trust in which my spouse is the sole beneficiary of the trust and my spouse is more than 10 years younger than I am.
- ☐ I have designated a qualifying trust in which my spouse is the sole beneficiary of the trust and my spouse is less than 10 years younger than I am.

Non-Spouse Beneficiary

- ☐ I have designated an individual who is not my spouse.
- ☐ I have designated multiple beneficiaries (one of whom may be my spouse).
- ☐ I have designated a qualifying trust in which the sole beneficiary of the trust is not my spouse.
- ☐ I have designated a qualifying trust in which there are multiple beneficiaries of the trust (one of whom may be my spouse).

No Designated Beneficiary

- ☐ I am not designating a beneficiary at this time.
- ☐ I have designated a non-individual(s) as my beneficiary (e.g., my estate, a non-qualifying trust, a charity, etc.).

III. Payment Amount(s) (Complete A or B):

A. Single Payment (cash and/or assets):

☒ \$ 105,000 . 00 ; and/or

☐ _____ shares/units

of _____ ; or

☐ Total Account

(If you need to authorize the liquidation of an asset, are requesting the reregistration of more than one asset, or are requesting a Total Account distribution, complete "Asset Instructions" in Section IV. Assets will be reregistered if they cannot be liquidated by First Trust, or if you do not provide authorization to liquidate.)

(Continued on next page.)

Private Label Traditional IRA Required Minimum Distribution Request (continued)**B. Installment Payments (cash only):**

1. Payment should begin _____
Month Day Year
2. Subsequent payments should be made (choose one):
☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

NOTE: It is the Account Owner's responsibility to ensure that enough cash is available to make each payment when due. If at least 90% of the requested amount is available on the payment date, the reduced amount will be distributed. Payments will continue until you notify First Trust to stop.

IV. Asset Instructions

I authorize the liquidation or reregistration of the assets indicated.

# of Shares or \$ Amount	Name of Asset	Liquidate	Re-register
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: It is the Account Owner's responsibility to contact his/her Designated Agent to request liquidation of any broker-held assets (such as stocks or bonds) and to arrange the terms of sale of any illiquid assets (such as limited partnerships or private stock). Please contact your Designated Agent if you have questions about how to liquidate or sell an asset.

V. Payment Delivery (choose one and complete requested information):

- ☒ Journal the above distribution(s) to my personal account number 1-EM 213-3 at my designated brokerage firm. (Securities can be journaled only within the same brokerage firm.)

☐ Send distribution(s) to:

Name _____

Mailing Address _____

Bank ABA Number _____

Bank Account Number _____

Distributions may only be sent to the Account Owner or Account Owner's personal brokerage account at the designated brokerage firm or bank account. There is a \$15 charge per wire if sent from First Trust.

VI. Tax Withholding (choose one):

- ☒ A. I do NOT want federal income tax withheld from my distribution(s). [Note: Even if you choose this option, federal income tax must be withheld for this distribution if you have not provided a U.S. residence address (not a P.O. Box) in Section I or if payment is made outside the U.S.]
- ☐ B. I DO want federal income tax withheld from my distribution(s). I understand that ten percent (10%) of the distribution will be withheld. [If you want a greater percentage withheld, indicate here: _____ %.]

[If no choice is made above, withholding tax will be deducted.]

VII. Account Status (choose one):

I ☐ do ☒ do not wish to close my First Trust IRA at this time.

A termination fee will apply if you close your account.

VIII. Fees

I understand that the requested distribution(s) will be subject to the fees outlined and that certain fees noted below are due and payable at the time of a transaction.

Complete distribution, rollover or transfer of account to successor custodian	\$60.00*
Partial distribution, rollover or transfer of account to successor custodian	<i>Made payable to: FISERV</i> \$15.00*
Scheduled distributions (annual charge)	\$25.00*
Purchase, sale, transfer or reregistration of a mutual fund	\$10.00+
Purchase, sale, transfer or reregistration of a limited partnership, annuity, etc.	\$15.00+

(*) Plus transaction charges, if applicable.

(+) Transaction fees are due and payable at the time of the transaction.

Distribution, rollover or transfer fees are due and payable at the time of the distribution, rollover or transfers. Fees for scheduled distributions will be billed annually.

Fees that remain outstanding after 30 days will be subject to a \$25 collection charge.

IX. Signature

I acknowledge all declarations made in this document.

Account Owner's

Signature X *Renee R. [Signature]*

Date *1/1/06*

When completed, please return this form to your Designated Agent.

(Continued on next page.)

Private Label Traditional IRA Required Minimum Distribution Request (continued)

**Notice of Withholding on Distributions or Withdrawals
From IRAs**

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless of whether you elect to have tax withheld. If you have provided First Trust Corporation your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you have not provided First Trust Corporation with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are eligible (as explained above), you may elect not to have withholding apply to your distribution payments by completing the election form under Section VI, of the Traditional IRA Required Minimum Distribution Request Form and returning it by mail to your Designated Agent.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

If you intend to make a rollover deposit of the distribution you are receiving, you should consider the election not to have tax withheld.

If you do not return an election form before the distribution is made from your account, federal income tax will be withheld from the taxable portion of your distribution.

Your election will remain in effect until you revoke it and will be honored for all future distributions from this IRA. You may revoke an election by completing a new Traditional IRA Required Minimum Distribution Request Form, available from your Designated Agent.

NO CHANGES

Private Label IRA Beneficiary Designation Form

Please complete this form to change, reaffirm or revoke your beneficiary designation. This form must be completed if you are subject to Required Minimum Distributions (RMDs).

IRA Beneficiary Designations that are incomplete (for example, missing address, date of birth, Social Security number, etc.) will be rejected and will not be considered a valid designation.

A. Account Information

Brokerage Firm Name Bernard L. Madoff

Brokerage Firm Account # 1-S0404-30/40

First Trust Account # Redacted0001

Participant Name Renee Robinow Soskin

I hereby designate the following Primary and Contingent Beneficiaries to receive my interest in this IRA according to the terms of the IRA Plan and Trust Agreement, hereby revoking any such prior designations made by me.

Unless I direct otherwise on this form, First Trust is directed to pay all sums payable to more than one Beneficiary within a class of Beneficiaries equally to the living Beneficiaries within such class.

I understand that if I am currently subject to Required Minimum Distributions, any change or revocation of my Beneficiary designation, or the death of a designated Beneficiary may affect any payment schedule currently in effect and/or reporting to the IRS.

Please consult with your legal/tax advisor before changing or revoking your Beneficiary designation or upon the death of a Beneficiary.

This IRA Beneficiary Designation is not effective until it is on file with First Trust; furthermore, the designation on file with the Trustee as of the date of distribution shall be considered the effective designation.

☐ A. I revoke any previous Beneficiary Designations and choose not to designate a beneficiary at this time.

☒ B. I designate the following primary beneficiary(ies):

(Total must equal 100% or distributions will be made pro rata to all beneficiaries in that class. Attach additional sheet(s) if necessary. Be sure to include the First Trust account number, account owner's name, Social Security number and date of birth on each additional sheet.)

1. Full Name

Address

City/State/Zip

Date of Birth

Relationship %

Social Security #

2. Full Name

Address

City/State/Zip

Date of Birth

Relationship %

Social Security #

C. In the case of the death of Primary Beneficiaries* I designate the following:

(Total must equal 100% or distributions will be made pro rata to all beneficiaries in that class. Attach additional sheet(s) if necessary. Be sure to include the First Trust account number, account owner's name, Social Security number and date of birth on each additional sheet.)

1. Full Name

Address

City/State/Zip

Date of Birth

Relationship %

Social Security #

2. Full Name

Address

City/State/Zip

Date of Birth

Relationship %

Social Security #

☐ I have attached an additional beneficiary designation(s).

(*) Death benefits are payable to Contingent Beneficiary(ies) only if there is a balance remaining after all Primary Beneficiaries have died. These death benefits, if any, will be payable to the Contingent Beneficiary(ies) regardless of whether the Primary Beneficiary survived the Account Owner and regardless of whether death benefit payments had commenced to the Primary Beneficiary.

Account Owner's

Signature X

Date

(Continued)

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